

System-of-Care Evaluation Brief

The Co-Occurrence of Substance Abuse and Mental Health Disorders and Their Relationship to Clinical Outcomes

Substance abuse among youth with severe emotional disturbance is an issue of critical importance, and there is a great need to explore the relationship between the diagnosis of a mental disorder and the diagnosis of substance abuse among these youth. Interest in this relationship stems from the possibility that a common set of risk factors may be associated with both substance abuse and mental disorders. Consideration of the co-occurrence of mental disorders and substance abuse is important in understanding the outcomes of children who participate in services in systems of care. Assessing behavioral and functional outcomes of children contributes important information to understanding the effectiveness of the services provided. The presence of a co-occurring condition could influence the course and treatment

of either a mental disorder or substance abuse. The onset of both substance abuse and mental disorders frequently occurs in adolescence, and recent evidence suggests that the co-occurrence of mental disorders and substance abuse is more extensive than formerly believed (Substance Abuse and Mental Health Services Administration, 1999).

The National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program collects data on diagnosis as part of the descriptive study on all children receiving services in grantee communities. Data on children 0-22 years old in the 45 grantee communities initially funded between 1993 and 1998 were used to explore the relationship of a co-occurring substance abuse problem with outcomes 6 months after entering services. Child and family outcome information collected as part of the evaluation included the youth's clinical and social functioning. Additional information was collected to describe the youth's substance abuse behaviors. Analyses were conducted to describe the proportion of children in this sample who had substance use issues with or without co-occurring diagnoses and how well they were doing (N = 13,553). Approximately 97% of these children were 11 years or older.

System-of-Care Evaluation Briefs report findings from the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program funded by the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration. The Program provides six-year grants to states, political subdivisions of states, American Indian Tribes, tribal organizations, and territories to support the development of community-based systems of care for children with serious emotional disturbance and their families. Systems of care are developed using an approach that emphasizes integration of services through collaborative arrangements between child-serving sectors such as education, child welfare, juvenile justice, and mental health; youth and family caregiver participation; and cultural and linguistic competence of services. The Briefs are published monthly and are sponsored by the Child, Adolescent and Family Branch of the federal Center for Mental Health Services.



National Evaluation
Comprehensive Community Mental Health
Services for Children and Their Families Program

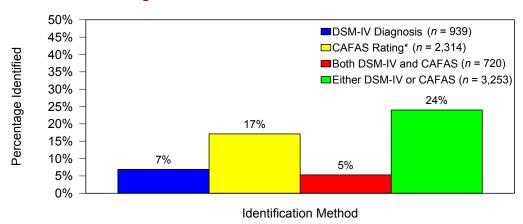
Wayne Holden and Rolando Santiago, Editors

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Co-Occurring Diagnoses and Outcomes

Figure 1 shows the proportion of children from the Phase I and Phase II samples who were identified as having a substance abuse problem at the time of intake. While only 7% received a formal substance abuse diagnosis, 17% were identified as having at least moderate impairment on the substance use subscale of the Child and Adolescent Functional Assessment Scale (CAFAS) (Hodges, 1994).

Percentage of Children with Substance Use Issues

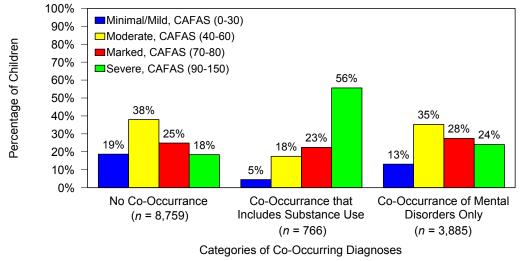


(Total N = 13,553)

Figure 1

Children in this sample who had co-occurring diagnoses of substance abuse and a mental disorder also appeared to have poorer overall functioning in a variety of settings (e.g., home, school, with peers) than children with no co-occurring diagnoses or those with co-occurring mental diagnoses that did not include substance abuse (see Figure 2).

Intake Functioning of Children with or without Co-Occurring Diagnoses



(Total N = 13,410)

Figure 2

^{*}The substance use scale of the Child and Adolescent Functional Assessment Scale (CAFAS) was used to identify substance use problems. The cutoff score of 20 or above was used, indicating at least moderate impairment.

Given the considerable challenges these children face, it is noteworthy that children who were diagnosed as having a co-occurring substance abuse disorder in conjunction with a mental diagnosis also experienced the greatest improvements in functioning as measured by the CAFAS (see Figure 3) and in behavioral and emotional symptoms as measured by the Child Behavior Checklist (CBCL) (Achenbach, 1991) (see Figure 4) 6 months after entering services. The differences in improvement among the three groups were statistically significant for the CAFAS, but not for the CBCL.

6-Month Improvement in Functioning for Children with or without a Co-**Occurring Diagnosis**

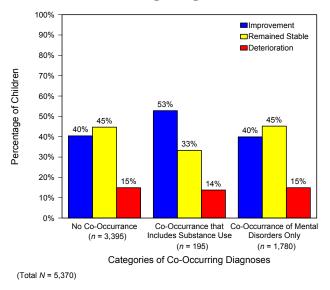
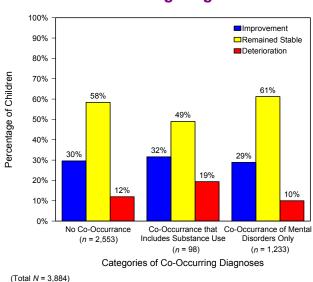


Figure 3 Figure 4

6-Month Improvement in Clinical Symptoms for Children with or without a Co-Occurring Diagnosis



Summary

These findings have implications for understanding the outcomes of children who participate in systemof-care services. The course and treatment of either a mental disorder or a substance abuse problem may be altered by the influence of a co-occurring condition. While fewer than 10% of children were diagnosed with a co-occurring substance abuse problem at intake, the proportion who reported moderate to severe functional impairment associated with substance use was two times greater. For children 11 years or older, 31% were identified with a substance use problem. However, improvement in functioning and decreases in clinical symptoms over the first 6 months in services were also greater for the group presenting with co-occurring substance abuse. In systems of care, the goal is to integrate mental health services and substance abuse treatment into a seamless service delivery system.

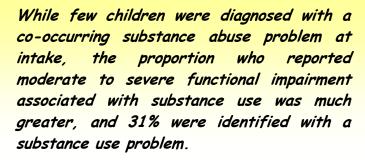
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Achenbach, T. M. (1991). Manual for the Child Behavior Checklist and 1991 profile. Burlington, VT: University of Vermont Department of Psychiatry.

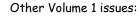
Hodges, K. (1994). Child and Adolescent Functional Assessment Scale. Ypsilanti, MI: Department of Psychology, Eastern Michigan University.

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